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Fill	in this information to	identify your c	ase:							
Del	otor 1	Charles E M	clvor			_				
-	otor 2					_				
Uni	ted States Bankrupto	y Court for the	: WESTERN DISTRIC	Γ OF VIRGINIA		_				
Cas	se number 14-6	1639				С	heck if this is:			
(If kr	nown)			•			An amende	d filing		
							A supplement 13 income	U	post-petition lowing date:	
<u>O</u>	fficial Form I	<u> 3 61</u>					MM / DD/ Y	YYY		
S	chedule I: Y	our Inc	ome							12/13
	<u> </u>	Employment	On the top of any additi	onal pages, write yo	our name	and cas		known). Ar		/ questior
			□ Employed				☐ Employed			
	If you have more than one job, attach a separate page with information about additional		Employment status	■ Not employed			☐ Not e	•		
	employers.		Occupation	SSI						
	Include part-time, s self-employed work		Employer's name							
	Occupation may incor homemaker, if it		Employer's address							
			How long employed t	here?						
Par	t 2: Give Deta	ils About Mor	nthly Income							
spou If yo	use unless you are se	eparated. oouse have mo	ate you file this form. If ore than one employer, or this form.	-		-			·	
	,					For	Debtor 1	For Debt	or 2 or g spouse	
2.		•	ry, and commissions (b calculate what the month	, ,	2.	\$	0.00	\$	N/A	
3.	Estimate and list r	monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross In	come. Add lir	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

Debt	or 1	Charles E McIvor		Case number (if known)	14-61639
				For Debtor 1	For Debtor 2 or non-filing spouse
	Сор	y line 4 here	4.	\$0.00	\$N/A_
5.	List	all payroll deductions:			
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$N/A_
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ <u>N/A</u>
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00 \$ 0.00	\$N/A
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$ 0.00 \$ 0.00	\$
	5f.	Domestic support obligations	5f.	\$ 0.00	\$ N/A
	5g.	Union dues	5g.	\$ 0.00	\$ N/A
	5h.	Other deductions. Specify:	5h.+	*	+ \$ N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>-</b> 6.	\$ 0.00	\$ N/A
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	\$ <b>N/A</b>
8.	Elist 8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8a. 8b. 8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 1,117.00	\$ N/A \$ N/A \$ N/A \$ N/A \$ N/A
		Specify:	8f.	\$0.00	\$N/A_
	8g.	Pension or retirement income	8g.	\$ 1,283.62	\$N/A_
	8h.	Other monthly income. Specify: girlfriend pays towards expenses	8h.+	\$ 440.00	+ \$ N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$N/A
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$	2,840.62 + \$	N/A = \$ 2,840.62
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	· · · · · · ·	2,040.02	
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a	depen	•	
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines			
13.	Do y	you expect an increase or decrease within the year after you file this form	?		monthly income
	П	Yes. Explain:			

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Fill	in this info	ormation to identify yo	our case:					
Deb	otor 1	Charles E M	clvor			Ch	eck if this is:	
		Onaries E III	01401		_	■	An amended filing	
Deb	otor 2						A supplement sho	wing post-petition chapter
(Sp	ouse, if filing	g)				_	13 expenses as of	the following date:
Uni	ted States E	Bankruptcy Court for the:	WESTE	ERN DISTRICT OF VIRGI	NIA		MM / DD / YYYY	
Cas	se number	14-61639				П	A separate filing for	or Debtor 2 because Debto
	known)					_	2 maintains a sepa	
$\overline{\Omega}$	fficial	Form B 6J						
		ıle J: Your	_ Exper	ises				12/1:
Be info nu	as compl ormation. mber (if k	lete and accurate as If more space is ne nown). Answer ever	possible eded, attary y questio	. If two married people and the control of the cont	re filing together, b form. On the top of	oth are ed f any addi	qually responsible t tional pages, write	for supplying correct
Par 1.		escribe Your House a joint case?	hold					
	■ No. 0	Go to line 2.  Does Debtor 2 live	in a separ	ate household?				
		□ No						
		Yes. Debtor 2 mus	st file a sep	parate Schedule J.				
2.	Do you	have dependents?	■ No					
	Do not li	ist Debtor 1 otor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not s							□ No
	depende	ents' names.						☐ Yes
								□ No □ Yes
							<u> </u>	☐ Yes
								☐ Yes
							<u> </u>	□ No
							<u> </u>	☐ Yes
3.		r expenses include es of people other t	han	No			_	
	yoursel	f and your depende	nts? ⊔	Yes				
Est	timate you	of a date after the l	our bankr	uptcy filing date unless y				apter 13 case to report of the form and fill in the
the	lude expe value of ficial Fori	such assistance an	non-cash d have ind	government assistance i	if you know Your Income		Your exp	enses
•		,						
4.		ital or home owners its and any rent for th		ses for your residence. I or lot.	nclude first mortgage	e 4.	\$	710.00
	If not in	cluded in line 4:						
	4a. R	eal estate taxes				4a.	\$	100.00
	4b. P	roperty, homeowner's	s, or renter	's insurance		4b.	\$	50.00
		ome maintenance, re	•			4c.	·	0.00
_		omeowner's associat				4d.	·	0.00
5.	Additio	nal mortgage payme	ents for yo	<b>our residence</b> , such as ho	me equity loans	5.	\$	0.00

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ebtor 1	Charles E McIvor	Case num	ber (if known)	14-61639
Utili	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	280.00
6b.	Water, sewer, garbage collection	6b.	\$	20.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	140.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies	7.		350.00
	dcare and children's education costs	8.	\$	0.00
Clot	thing, laundry, and dry cleaning	9.	· -	100.00
	sonal care products and services	10.		40.00
	lical and dental expenses	11.		100.00
	nsportation. Include gas, maintenance, bus or train fare.			
	not include car payments.	12.	\$	300.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Cha	ritable contributions and religious donations	14.	\$	0.00
	irance.		-	
Do r	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	Life insurance	15a.	,	0.00
15b	. Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	150.00
15d	Other insurance. Specify:	15d.	\$	0.00
Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	cify: <b>ppt</b>	16.	\$	35.00
Inst	allment or lease payments:			
17a	Car payments for Vehicle 1	17a.	\$	0.00
17b	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d	Other. Specify:	17d.	\$	0.00
You	r payments of alimony, maintenance, and support that you did not report as	<del></del>	_	
ded	ucted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.		0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho			
	Mortgages on other property	20a.	·	0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
20d	. Maintenance, repair, and upkeep expenses	20d.	·	0.00
20e	. Homeowner's association or condominium dues	20e.	\$	0.00
Oth	er: Specify: Emergency Funds	21.	+\$	125.00
You	r monthly expenses. Add lines 4 through 21.	22.	\$	2,600.00
	result is your monthly expenses.	22.	Ψ	2,000.00
	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,840.62
	Copy your monthly expenses from line 22 above.	23b.	·	2,600.00
_00	- Copy year monthly expended from the LL above.	200.		2,000.00
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	240.62
4. <b>Do</b> :	The result is your <i>monthly net income</i> .  you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your infication to the terms of your mortgage?	ou file this	s form?	240.62 se or decrease because of a